## Partners for Healthy Kids/Team Nutrition Summer 2006 Workshop **REGISTRATION FORM**

Team Members attending.  **Please designate main contact person above with an asterisk.	Subject area or Partner Group Represented	School/Organization Address	Phone and email

NOTE: If any member of your team attended the 2005 Team Nutrition workshop, please circle their name. Consider the following people for team members from your school and community: school administrator, school board member, family and consumer science teacher, physical education teacher, health teacher, food service director or manager, school nurse, parents, health professionals, and business partners.

\*SPECIAL DIETARY NEEDS: Please note any dietary accommodations needed for the meal on this form prior to attending the workshop:\_\_\_\_\_

Workshop Date: July 11, 2006 Registration Due: May 11, 2006 Workshop site:

Scheman Building

**Iowa State Center** 

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Registration begins at 8:00 AM with the workshop beginning at 8:30 and ending at 2:30.

**RETURN THIS FORM TO:** Janelle Loney

**Bureau of Nutrition Programs & School Transportation** 

**Grimes State Office Building** 

Des Moines, Iowa 50319-0146 OR FAX 515-281-6548 Voice 515-281-5356